



Sidewalk Brick Order Form

Name _____

Address _____ City, State, ZIP _____

Daytime Phone Number () _____

Please fill in the spaces with the letters EXACTLY as you would like to see your brick. Leave a space between each name and before and after "&."

EXAMPLE:

	H	e	r	m	a	n		&		E	l	i	s	e	
						J	o	n	e	s					

Brick #1

\$50

Brick #2

\$100

Preferred location (*optional*) _____

Signature of Purchaser _____ Date _____

Payment _____ Bricks x \$50 = \$ _____ Cash _____ Check _____

Return by Mail to:

Kerrville Main Street ♦ 701 Main Street ♦ Kerrville, TX 78028

(830) 258-1113 ♦ kim.snyder@kerrvilletx.gov

www.kerrvilletx.gov

Engrave your name in Kerrville History!

